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N. B.—WRITE PLAINLY WITH UNFADING INK—A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>476</u>	
County <u>Maricopa</u>		State <u>Arizona</u>		Registered No. <u>2924</u>	
District or Township <u>Agua</u>		or Village			
City <u>Agua</u>		No. <u>Agua</u>		St. <u>Agua</u> Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Beatrice Hansen</u>					
(a) Residence, No. <u>Agua</u>		St. <u>Agua</u>		Ward	
(Usual place of abode)		(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred		yrs.	mos.	ds.	How long in U. S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOW-ED or DIVORCED.			
<u>Female</u>	<u>White</u>	<u>Single</u>			
(Write the word)					
6a. If married, widowed, or divorced					
HUSBAND of <u>1</u>					
(or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>Nov. 16, 1928</u>					
7. AGE	Years	Months	Days	IF LESS than	
	<u>3</u>	<u>18</u>		day <u>18</u>	
or min.					
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Magician</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Agua</u>					
(State or country) <u>Arizona</u>					
10. NAME OF FATHER <u>Geo. A. Hansen</u>					
11. BIRTHPLACE OF FATHER <u>Prady</u>					
(city or town)					
(State or country) <u>Texas</u>					
12. MAIDEN NAME OF MOTHER <u>Laura Alice Hill</u>					
13. BIRTHPLACE OF MOTHER <u>Talico</u>					
(city or town)					
(State or country) <u>Texas</u>					
14. Informant <u>Geo. A. Hansen (father)</u>					
(Address) <u>Agua</u>					
15. Filed <u>Agua</u> , 19 <u>Agua</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>March 6, 1929</u>					
Month <u>March</u> Day <u>6</u> Year <u>1929</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>March 9, 1929</u> to <u>March 6, 1929</u>					
and that I last saw him alive on <u>March 6, 1929</u>					
and that death occurred, on the date stated above, at <u>7:00 p.m.</u>					
The CAUSE OF DEATH was as follows:					
<u>Bronchitis pneumonia</u>					
(duration) <u>1</u> yrs. <u>0</u> mos. <u>9</u> ds.					
CONTRIBUTORY (Secondary)					
(duration) <u>1</u> yrs. <u>0</u> mos. <u>9</u> ds.					
18. Where was disease contracted					
If not at place of death? <u>1</u>					
Did an operation precede death? <u>No</u> Date of <u>1</u>					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? <u>Physical signs</u>					
(Signed) <u>E. A. Hansen, M. D.</u>					
19 (Address) <u>Agua, Arizona</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL				DATE OF BURIAL	
20. UNDERTAKER				ADDRESS	